

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2016
NAME OF PROVIDER OR SUPPLIER GREENSBORO RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3301 GAR PLACE GREENSBORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report of a Follow-Up Construction Survey by Ed Miller on August 10, 2016. The following deficiencies cited during the Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	{C 000}		
{C 133}	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on August 10, 2016: b. Shower Room - the L shape grip (grab bar) had one of its support rusted away.	{C 133}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult	{C 189}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2016
NAME OF PROVIDER OR SUPPLIER GREENSBORO RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3301 GAR PLACE GREENSBORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	Continued From page 1 care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation and testing, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during power outages and there is no other illumination available. Findings on August 10, 2016: c. Corridor outside Activity Room - the wall-mounted self-contained emergency light did not provide a minimum of one footcandle of illumination at the floor level when the test button was pushed.	{C 189}		
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and	{C 199}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 08/10/2016
NAME OF PROVIDER OR SUPPLIER GREENSBORO RETIREMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3301 GAR PLACE GREENSBORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{C 199}	Continued From page 2 (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on August 10, 2016: a. Dining Utility Closet - the local exhaust ventilation system did not work, allowing a build-up of odors. b. Bedroom 407 Bathroom- the local exhaust ventilation system did not work, allowing a build-up of odors. d. Mop Room - the local exhaust ventilation system did not work, allowing a build-up of odors.	{C 199}			